



# Completion of the Form I-9

Employment Eligibility Verification  
US Citizenship and Immigration Services  
(USCIS)

[www.uscis.gov/I-9](http://www.uscis.gov/I-9)

Version 6/25/07



# Agenda

- Sample Completed Forms
- The One Day And Three Day Rule
- Who Should Sign The I-9
- How To Complete The Form For Foreign Nationals
- Penalties For Prohibited Practices
- Common Errors
- How To Avoid Harassment and Discrimination Penalties in an USCIS Audit

## Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____				
Expiration Date (if any): ___/___/___				

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Eligibility		Documents that Establish Identity		Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>

and I-766

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>EXAMPLE</u>	First <u>US</u>	Middle Initial <u>CITIZEN</u>	Maiden Name
Address (Street Name and Number) <u>201 Frontier Rd</u>		Apt. #	Date of Birth (month/day/year) <u>06/15/1969</u>
City <u>Blacksburg</u>	State <u>VA</u>	Zip Code <u>24060</u>	Social Security # <u>123-45-6789</u>
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # <u>A</u> ) <input type="checkbox"/> An alien authorized to work until <u>1/1</u> (Alien # or Admission #)	
Employee's Signature <u>US Citizen</u>		Date (month/day/year) <u>8/16/00</u>	

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		<u>Driver's License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>Virginia DMV</u>		<u>Social Security Admin.</u>
Document #: _____		<u>123-45-6789</u>		<u>123-45-6789</u>
Expiration Date (if any): ___/___/___		<u>06/30/2020</u>		___/___/___
Document #: _____				
Expiration Date (if any): ___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/16/00 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Mullen</u>	Print Name <u>MARTHA MULLEN</u>	Title <u>TAX SPECIALIST</u>
Business or Organization Name <u>VA Tech Controller's Office</u>	Address (Street Name and Number, City, State, Zip Code) <u>201 Southgate Center Blacksburg, VA 24060</u>	
	Date (month/day/year) <u>8/16/00</u>	

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): ___/___/___
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)





# Who can you employ?

- Citizens of the U.S. including persons born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
- Nationals of the U.S. including persons born in American Samoa or Swains Island.
- Lawful Permanent Residents LPR – will have a LPR , Resident Alien, or Alien Card.
- Employment Authorization Card holders (beware of restrictions under terms and conditions).
- Certain non US citizens that have specific authorization to work at **your company**.



# Colleges and Universities can hire:

- F-1 Students, J-1 Students and J-1 Non-students **that are enrolled or sponsored by their university.**
- Students can work a maximum of 20 hrs per week when school is in session. No maximum during school breaks and vacations so long as enrolled for the next term.
- During academic year, students must be enrolled fulltime
- Be sure you are hiring the student and NOT the F2 or J2 dependent. The forms are very similar, see examples.
- Check I-20 or DS-2019 to be sure the sponsoring school is listed as your school. If not, they **MUST** have **PRIOR** written permission from their sponsor to work at your school.
- Check I-20 or DS-2019 for begin and end dates.

# F1 visa

Generally, can  
only be employed  
by their college

Form I-20

U.S. Department of Justice  
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB NO. 1115-0051)

Page 1

Please read Instructions on Page 2  
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):	
First (given) Name:	Middle Name:
Country of birth: KOREA, SOUTH	Date of birth (mo/day/year): 03/27/1972
Country of citizenship: KOREA, SOUTH	Admission number:

2. School (School district) name: Virginia Polytechnic Institute and State University Graduate School	
School Official to be notified of student's arrival in U.S. (Name and Title): Zelma Harris Immigration Advisor	
School address (include zip code): Graduate School 0325 Sandy Hall Blacksburg, VA 24061	
School code (including 3-digit suffix, if any) and approval date: WAS214F01228001 approved on 01/07/2003	

3. This certificate is issued to the student named above for:  
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:  
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in Hospitality Administration/Management.  
The student is expected to report to the school no later than 08/15/2002  
and complete studies not later than 05/15/2007. The normal length of  
study is 60 months.
6. English proficiency:  
This school requires English proficiency.  
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of  
9 (up to 12) months to be:
- |                                |                     |
|--------------------------------|---------------------|
| a. Tuition and fees            | \$ <u>10,663.00</u> |
| b. Living expenses             | \$ <u>7,200.00</u>  |
| c. Expenses of dependents (0 ) | \$ <u>0.00</u>      |
| d. Other (specify): misc       | \$ <u>1,000.00</u>  |
| Total                          | \$ <u>18,863.00</u> |

For Immigration Official User		SEVIS Student's Copy N0000406242
Visa issuing post	Date Visa Issued	
Reinstated, extension granted to:		

8. This school has information showing the following as the student's  
means of support, estimated for an academic term of 9  
months (Use the same number of months given in item 7).
- |                              |                     |
|------------------------------|---------------------|
| a. Student's personal funds  | \$ <u>0.00</u>      |
| b. Funds from this school    | \$ <u>0.00</u>      |
| Specify type:                |                     |
| c. Funds from another source | \$ <u>19,000.00</u> |
| Specify type: <u>family</u>  |                     |
| d. On-campus employment      | \$ <u>0.00</u>      |
| Total                        | \$ <u>19,000.00</u> |

9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Zelma Harris	<i>Zelma Harris</i>	Immigration Advisor	04/08/2003	Blacksburg, VA
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	<i>[Signature]</i>	Signature of Student	24, April 200	Date
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Name of parent or guardian	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
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If student under 18



# F2 VISA

Can not  
be employed

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):		Dependent's Family Name (surname):		SEVIS Dependent's Copy N0000405468	
First (given) Name:	Middle Name:	Dependent's First (given) Name:	Dependent's Middle Name:		
Country of birth: CHINA	Date of birth(mo/day/year): 09/16/1973	Dependent's Country of birth: CHINA	DOB(mo/day/year): 05/04/1973		
Country of citizenship: CHINA	Admission number:	Dependent's Country of Citizenship:	Admission number:		
2. School (School district) name: Virginia Polytechnic Institute and State University Graduate School				For Immigration Official User	
School Official to be notified of student's arrival in U.S.(Name and Title): Jocelyn Navarro Student Services Assistant					
School address (include zip code): Graduate School 0325 Sandy Hall Blacksburg, VA 24061				Visa issuing post:      Date Visa Issued:	
School code (including 3-digit suffix, if any) and approval date: WAS214701228001      approved on 01/07/2003				Reinstated, extension granted to:	
3. This certificate is issued to the student named above for: Use by dependents for entering United States.					
4. Level of education the student is pursuing or will pursue in the United States: DOCTORATE					
5. The student named above has been accepted for a full course of study at this school, majoring in <u>Entomology</u> . The student is expected to report to the school no later than <u>08/18/2003</u> and complete studies not later than <u>05/15/2006</u> . The normal length of study is <u>60</u> months.					
6. English proficiency: This school requires English proficiency. The student has the required English proficiency.					
7. This school estimates the student's average costs for an academic term of <u>9</u> (up to 12) months to be: a. Tuition and fees \$ <u>10,663.00</u> b. Living expenses \$ <u>7,200.00</u> c. Expenses of dependents (1 ) \$ <u>4,000.00</u> d. Other (specify): Misc. \$ <u>1,000.00</u> Total \$ <u>22,863.00</u>					
8. This school has information showing the following as the student's means of support, estimated for an academic term of <u>9</u> months (Use the same number of months given in item 7). a. Student's personal funds \$ <u>4,301.00</u> b. Funds from this school \$ <u>20,699.00</u> Specify type: <u>Assistantship</u> c. Funds from another source \$ <u>0.00</u> Specify type: _____ d. On-campus employment \$ <u>0.00</u> Total \$ <u>25,000.00</u>					
9. Remarks: _____ _____ _____					
10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form. Jocelyn Navarro <u>Jocelyn Navarro</u> Student Services Assistant      04/08/2003 Blacksburg, VA Name of School Official      Signature of Designated School Official      Title      Date Issued      Place Issued (city and state)					
11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.					
Name of Student		Signature of Student		Date	
Name of parent or guardian		Signature of parent or guardian		Address (city) (State or Province) (Country) (Date)	
Form I-20 A-B (Rev. 04-27-88)N					
For Official Use Only Microfilm Index Number					

# J1 visa

Generally, can only  
be employed by  
their college


## Form DS-2019

U.S. Department of State					OMB APPROVAL NO.1405-0119
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS					EXPIRES: 02-28-2005
					ESTIMATED BURDEN TIME: 45 min
					*See Page 2
1. Family Name:		First Name:		Middle Name:	Gender: FEMALE
Date of Birth (mm-dd-yyyy): 02-02-1977		City of Birth: Fethiya/Muola		Country of Birth: TURKEY	Citizenship Country Code: TU
Legal Permanent Residence Country Code: TU		Legal Permanent Residence Country: TURKEY		Position Code: 213	Position: UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS
U.S. Address: Virginia Tech Blacksburg, VA 24061					
2. Program Sponsor: Virginia Polytechnic Institute and State University					Exchange Visitor Program Number: P-1-00071
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period:			4. Exchange Visitor Category:		
From (mm-dd-yyyy): 04-01-2003			SHORT-TERM SCHOLAR		
To (mm-dd-yyyy): 07-01-2003			Subject/Field Code: 40.0501		
			Subject/Field Code Description: Chemistry, General		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:					
Current Program Sponsor funds : \$5,000.00					
Total : \$5,000.00					
6. U.S. DEPARTMENT OF STATE USE OR CERTIFICATION BY RESPONSIBLE OFFICER: THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE):					7. Ruth Athanson
APR X 1 2003					Name of Official Preparing Form: Graduate School 0325 Blacksburg, VA 24061
CLASS UNTIL: 3/25/03					Address of Responsible Officer or Alternate Responsible Officer: Ruth Athanson
					Signature of Responsible Officer or Alternate Responsible Officer: Ruth Athanson
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)					Alternate Responsible Officer: Title: 540-231-9561 Telephone Number: 03-19-2003 Date (mm-dd-yyyy):
Effective date (mm-dd-yyyy): . Transfer of this exchange visitor from program number . sponsored by . to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					
Signature of Responsible Officer or Alternate Responsible Officer:					Date (mm-dd-yyyy) of Signature:
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see sec 11a) of page 2).					TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*)
The Exchange Visitor in the above program:					*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work.
1. <input type="checkbox"/> Not subject to the two-year residence requirement.					(1) Exchange Visitor is in good standing at the present time
2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on:					Date (mm-dd-yyyy):
A. <input type="checkbox"/> Government financing and/or					Signature of Responsible Officer or Alternate Responsible Officer:
B. <input checked="" type="checkbox"/> The Exchange Visitor Skills List and/or					(2) Exchange Visitor is in good standing at the present time
C. <input type="checkbox"/> PL 94-484 as amended					Date (mm-dd-yyyy):
Signature of Consular or Immigration Officer: Jennifer Johnson					Signature of Responsible Officer or Alternate Responsible Officer:
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.					
Signature of Applicant:					Place: 25-03-2003
					Date (mm-dd-yyyy):
DS-2019 (formerly LAP-66) (10-2001)					

# J2 VISA

Can not  
work.....

unless  
has  
EAD  
card

U.S. Department of State						OMB APPROVAL NO. 1405-0119 EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2
J-2 Family Name		J-2 First Name	J-2 Middle Name	J-2 Gender	J-2 Dependent	
Date of Birth (mm-dd-yyyy): 10/02/1977	City of Birth: Hangzhou	Country of Birth: CHINA	Citizenship Country Code: CH	Citizenship Country: CHINA		
Legal Permanent Residence Country Code: CH	Legal Permanent Residence Country: CHINA	Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS			
U.S. Address: Virginia Tech Blacksburg, VA 24061						
J-2 Family Name:	J-2 First Name:	J-2 Middle Name:	J-2 Gender: FEMALE			
2. Program Sponsor: Virginia Polytechnic Institute and State University						
Exchange Visitor Program Number: P-1-00071						
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE						
Purpose of this form: OTHER Initial printing.						
3. Form Covers Period: From (mm-dd-yyyy): 04-24-2003 To (mm-dd-yyyy): 08-15-2003		4. Exchange Visitor Category: RESEARCH SCHOLAR Subject/Field Code: 14.1001 Subject/Field Code Description: Electrical, Electronics and Communications Engineering				
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided in the exchange visitor by: Current Program Sponsor funds : \$16,600.00 Personal funds : \$4,600.00 Total : \$20,600.00						
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).			7. Ruth Athanson Name of Official Preparing Form Graduate School 0325 Blacksburg, VA 24061 Address of Responsible Officer or Alternate Responsible Officer <i>Ruth Athanson</i> Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 540-231-9561 Telephone Number 4/24/03 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____						
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____ THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(c).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____ (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____			
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document. Signature of Applicant _____ Place _____ Virginia Tech 04/24/03 Date (mm-dd-yyyy)						



# I-94 Card

Old version

Admission number to  
enter in Section 1

New version

Departure Number  
**981747150 07**

U.S. IMMIGRATION  
080 DET 350

Immigration and  
Naturalization Service

AUG 10 2000

I-94  
Departure Record

ADMITTED  
UNTIL

14. Family Name

15. First (Given) Name

16. Birth Date (Day/Mo/Yr)  
15 06 69

17. Country of Citizenship  
INDIA

See Other Side

STAPLE HERE

U.S. Department of Justice  
Immigration and Naturalization Service

I-94 Departure Record

1. Family Name

2. Given Names

3. Date of Birth  
26-FEB-1970

4. Citizen of  
FRA

5. Port Of Entry  
PIT

6. Inspector ID  
0064

7. Adm Date  
11-DCT-2000

8. Admission Class  
J-1

9. Admit Until  
D/S

Important - Retain this permit in your possession.  
You must surrender it when you leave the U.S.

P10071  
Comments

032 019 772 89

DEPARTMENT OF JUSTICE  
IMMIGRATION & NATURALIZATION SERVICE

Airline Use Only  
Actual Departure Data

Date

Port

Flight/  
Vessel

OCC CODE: 992  
Students

032 019 772 89

I-94D-OT

# Form I-9

## U.S. Department of Justice Immigration and Naturalization Service

OMB No. 1115-0136  
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <b>EXAMPLE</b>	First <b>FOREIGN</b>	Middle Initial <b>NATIONAL</b>	Maiden Name
Address (Street Name and Number) <b>201 Frontier Rd</b>		Apt. # <b>3</b>	Date of Birth (month/day/year) <b>06/15/1969</b>
City <b>Blacksburg</b>	State <b>VA</b>	Zip code <b>24060</b>	Social Security # <b>123-45-6789</b>
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (Check one of the following): <input type="checkbox"/> A Citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A) <input checked="" type="checkbox"/> An alien authorized to work until <b>08/12/2003</b> (alien # Or Admission # <b>981747150 07</b> )	

Employee's Signature <b>Foreign N Example</b>	Date (month/day/year) <b>8/16/00</b>
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.	
Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (Month/day/year)	

### Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A Or examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	Or	List B	And	List C
Document title: <b>Passport</b>				
Issuing authority: <b>INDIA</b>				
Document #: <b>9112233445</b>				
Expiration Date (if any): <b>07/01/2006</b>				
Document #: <b>981747150 07</b>				
Expiration Date (if any): <b>DIS</b>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **08/25/00** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative <b>M. Mullen</b>	Print Name <b>MARTHA MULLEN</b>	Title <b>TAX SPECIALIST</b>
Business or Organization Name <b>YA Tech Controller's Office</b>	Address (Street Name and Number, City, State, Zip code) <b>201 Southgate Center Blacksburg, VA 24060</b>	
	Date (Month/day/year) <b>8/16/00</b>	

### Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title:	Document #: Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

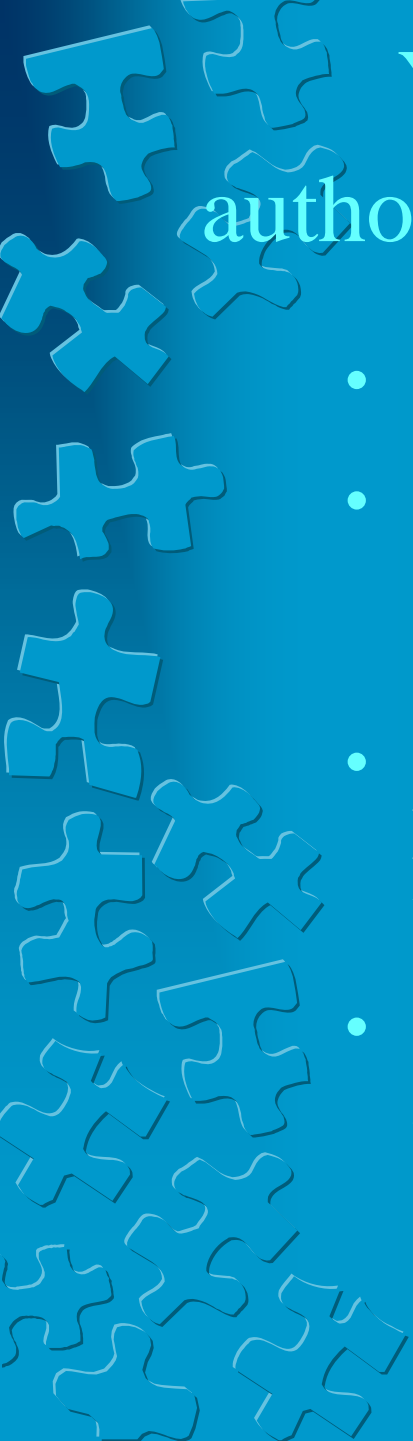
From I-20, DS-2019, etc.

From I-94 card

Use the passport page  
(not the VISA page)

Use I-94





You can only employ those with authorization to work for **your company**

- **H-1B Specialty Occupation and,**
- **O-1 Persons of extraordinary ability**  
**Provided they have an unexpired**  
**Form I-797A for your company**
- **TN NAFTA** (for citizens of Canada and Mexico), your company name must be listed on the I-94 card.
- Others who have an unexpired Employment Authorization Card (EAD). EADs for **Optional Practical Training** have restrictions regarding field of study and degree requirements.

## UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-05-245-52586		CASE TYPE I129
RECEIPT DATE September 12, 2005		PRIORITY DATE
NOTICE DATE September 20, 2005		PAGE 1 of 1
P. MICHAEL KHOSLA ATTORNEY LAW OFFICES OF P. MICHAEL KHOSLA & ASSOCIATES P.C. 11123 MONTGOMERY ROAD SUITE 202 CINCINNATI OH 45249		NOTICE TYPE: Approval Notice Class: H1B Valid from 10/01/2005 to 09/30/2008
<p>The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change of employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.</p> <p>The petitioner should keep the upper portion of this form. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, <i>Arrival/Departure Record</i>. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, <i>Application for Action on an Approved Application or Petition</i>, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		
Please see the additional information on the back. You will be notified separately about any other cases you filed.		
IMMIGRATION & NATURALIZATION SERVICE VERMONT SERVICE CENTER 75 LOWER WELDEN STREET SAINT ALBANS VT 05479-0001 Customer Service Telephone: (800) 375-5283		
Form I797A (Rev. 09/07/93)N		



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # EAC-05-245-52586

I-94# 069375231 10

NAME

CLASS H1B

VALID FROM 10/01/2005 UNTIL 09/30/2008

PETITIONER: VIRGINIA DEPARTMENT OF  
101 N 14TH STREET  
RICHMOND VA 23219

069375231 10

Receipt Number EAC-05-245-52586

Immigration and  
Naturalization Service

I-94

Departure Record

Petitioner: VIRGINIA DEPA

14. Family Name	
15. First (Given) Name	16. Date of Birth
17. Country of Citizenship	



Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last <u>SAMPLE</u> First <u>HIB</u> Middle Initial _____ Maiden Name _____
Address (Street Name and Number) <u>1 LOVELY LANE</u> Apt. # _____ Date of Birth (month/day/year) <u>01/31/60</u>
City <u>RICHMOND</u> State <u>VA</u> Zip Code <u>23233</u> Social Security # <u>123-44-5566</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien #) A \_\_\_\_\_  
☒ An alien authorized to work until 9/30/08  
(Alien # or Admission #) 069375231 10

Employee's Signature HIB Sample Date (month/day/year) 8/16/06

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u>PASSPORT</u>		_____	_____	_____
Issuing authority: <u>INDIA</u>		_____	_____	_____
Document #: <u>91122 33 485</u>		_____	_____	_____
Expiration Date (if any): <u>7/01/2010</u>		_____	_____	_____
Document #: <u>069375231 10</u>		_____	_____	_____
Expiration Date (if any): <u>9/30/08</u>		_____	_____	_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/16/06 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Your Name</u>	Print Name <u>YOUR NAME</u>	Title <u>YOUR TITLE</u>
Business or Organization Name <u>Va Department of</u>	Address (Street Name and Number, City, State, Zip Code) <u>101 North 14th Richmond, VA</u>	Date (month/day/year) <u>08/16/06</u>

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative _____	Date (month/day/year) _____

# Employment Authorization Card (EAD)

*NOTE: Cards with "Optional Practical Training" listed under "Terms and Conditions" have restrictions regarding field of study and degree requirements*

In May 1995, some INS offices began issuing a modified I-688B. The most significant change was to the card stock which was changed from the Polaroid process to a synthetic material called Teslin on which the biometric and biographic data of the bearer are printed. Note that on this version, the name is printed on two lines.



Form I-688B (May 1995)

In August 1995 changes were made to the software which prints the I-688Bs and the name reverted to the one line format similar to the original card.

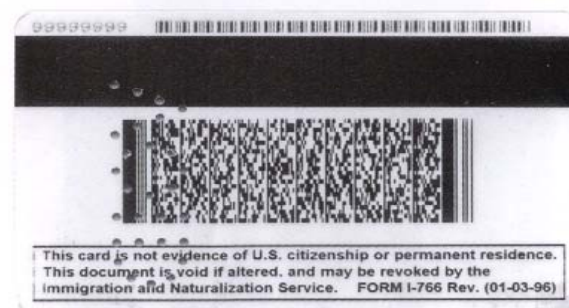


Form I-688B (August 1995)

In January 1997, INS began issuing a new Employment Authorization Document, Form I-766. The new card is a credit card type of document. The front of the card contains a photo, fingerprint and signature of the rightful holder. The reverse contains a standard bar code, magnetic strip and a two-dimensional bar code which will contain unique card, biographic and biometric data.



Form I-766 (January 1997)





# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>SMITH</u>	First <u>ADAM</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>123 MAIN ST</u>		Apt. #	Date of Birth (month/day/year) <u>11/10/71</u>
City <u>RICHMOND</u>	State <u>VA</u>	Zip Code <u>23228</u>	Social Security # <u>111 22 3333</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien #) A \_\_\_\_\_

☒ An alien authorized to work until 5/13/96

(Alien # or Admission #) A 123456789

Employee's Signature Adam Smith Date (month/day/year) 2/15/96

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u>Employment Authorization Card</u>				
Issuing authority: <u>Dept of Justice</u>				
Document #: <u>EAC9600050007</u>				
Expiration Date (if any): <u>5/13/96</u>				
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 2/15/96 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Your Signature</u>	Print Name <u>YOUR NAME</u>	Title <u>YOUR TITLE</u>
Business or Organization Name <u>YOUR AGENCY</u>	Address (Street Name and Number, City, State, Zip Code) <u>YOUR ADDRESS</u>	Date (month/day/year) <u>2/15/96</u>

## Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_





# Can not employ

- **F-2** Visa holder. Which is the spouse or child of an F-1 student
- **J-2** visa holder that does not have an EAD card.
- **Most other visa types**

**If you hire someone that is not legal and they work, you must pay them to avoid also violating Labor Laws. Be sure to fully tax and issue a W2 form.**



## Review Summary

### Section 1. Employee Information and Verification

- To be completed and signed by employee **prior to** or **on the first day** of work.
- Check only one box.
- Complete all fields.
- Alien number is listed on their EAD card.
- Admission number comes from their I-94 card.



## Section 2. Employer Review and Verification

- Must be completed before or within 3 business days of hire date
- Examine one document from List A **OR** examine one document from List B and one from List C. No more, no less. Doing more can result in being fined for **harassment**.
- F1, J1, H1-B, and O-1 visa holders will usually present their passport and I-94.
- Use the first day of actual work as the employment begin date in the "CERTIFICATION" section.



# *Receipts*

- If the employee cannot present the necessary documents for Section 2 within 3 days, *they must present a receipt for the application for the documents within 3 days.* They then have 90 days from date of hire to present the actual documents.



## **Section 3. Updating and Reverification**

- For aliens with a work ending date in Section 1:
  - Track the work ending date and ensure that employment is either terminated at that time or a new I9 is completed for the renewed work authorization.
- Reverifications (Section 3 C) and name changes (Section 3 A) are done in this section.





# Who should sign the I-9?

I attest, under penalty of perjury, that...  
the above-listed document(s) appear to be  
**genuine and to relate to the employee**  
named...

**Whoever saw the original documents  
and the employee should sign the I-9.**



# Penalties for Prohibited Practices

- Fine of not less than \$100 and not more than \$1,000 for each employee for whom the Form I-9 was not properly completed, retained and/or made available for inspection.
- Fines up to \$3,000 per employee and/or 6 months imprisonment for knowingly hiring or continuing to employ unauthorized aliens.
- Unlawful discrimination: \$250-\$10,000 fine
- In some cases they are charging managers with felonies.



# Key Points for the I-9

## *Anti-discrimination Provisions*

- You cannot request that an employee present more or different documents than are required.
- Also, cannot refuse to honor documents which on their face reasonably appear to be genuine and to relate to the person presenting them.
- The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

# Avoid Common Errors

**If you enter any data in Section 1, be sure to complete the preparer certification**

**Complete list A using the passport page, do not use the visa page.**

**Do not leave the citizenship field blank.**

**Use an updated I9 form.**

**Be sure to enter the employment begin date.**

**Do not use copies or faxes to complete the I-9, use original documents only.**

**Have the employee complete Section 1 before or on the first day of employment.**

**Track expiration dates and be sure to reverify or terminate.**

**Do not use more documents than are required.**

**Do not use SS cards that have any wording other than the employee's name on it.**

**Do not back date (they are now using forensics to test the age of the ink!)**



# Avoid Common Errors

- To avoid **discrimination** penalties in an USCIS audit, do not keep copies of the I9 in the personnel files. File separately from all else.
- Retain I-9's for **all active** employees. Purge and destroy I-9's for terminated employees as follows: “retain completed I-9's for three (3) years after the date of hire or one (1) year after the date employment ends, **whichever is later.**”

If you have incorrect I-9's on file that could have been destroyed, but weren't, you can still be fined in an USCIS audit.





# Correcting Errors

- Draw a single line through incorrect information
- Do not use white out or obliterate
- Write missing information or correct information nearby
- Date and initial by person making the correction
- Never back date



Questions?

Contact information:

Martha Laster

[martha.laster@doa.virginia.gov](mailto:martha.laster@doa.virginia.gov)

804-225-2382

Thank you for attending!